FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(5)

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION

Principal Place of Business Mailing Address

FILED Feb 23 1998 8:00am Secretary of State

315 MELODY LANE P.O. BOX 180458 CASSELBERRY FL 32707		315 MELODY LANE P.O. BOX 180458 Casselberry FL 32707		3. Date Incorporated or Qualified 12/11/1967 4. FEI Number	12/11/1967	
				59-1440713	Not Applicable	
2. Principal Place of Business 2e. Malling Add		2a. Malling Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country 25	Zip 29	Country 30	This corporation owes or has paid the current Personal Property Tax due June 30.	ent year Intangible Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 Name			
FICARROTTO, JANICE 315 MELODY LANE			82 Street	Address (P.O. Box Number is Not Acceptable)		
P.O. BOX 458			83			
CASSELBERRY FL 32707			84 City		85 Zip Code	
	_			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered of		Registered Agent signature			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD Taylor, Ray	☐ DELETE	1.1 TITLE	۱	ZS Change ☐ Addition	
NAME STREET ADDRESS	315 MELODY LANE		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE	to I	Change	
NAME	SOKOLOW, ELLIOT	_	2.2 NAME	-	_ ,	
STREET ADDRESS	315 MELODY LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		2. 4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE	O	Change Addition	
NAME	VIVONA, RUDY		3.2 NAME		ļ	
STREET ADDRESS	315 MELODY LANE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL	T prieste	3.4. CITY-ST-ZIP		VI 044444	
TITLE	DEMNISON LADDY	☐ DELETE	4.1 TITLE	<i>D</i>	Change Addition	
NAME	DENNISON, LARRY 315 MELODY LANE		4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP	CASSELBERRY FL		4.3 STREET ADDRESS			
TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME	FICARROTTO, JANICE		5.2 NAME	•		
STREET ADDRESS	315 MELODY LANE		5.3 STREET ADDRESS)	
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-\$1-7IP			64 CITY, ST. 7IP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617 or no so attachment with an address.

407-260-1313